

Appendix I
Sample Reminder Postcard

Three part postcard included with cover letter and survey.

Top part: To be signed by clinician after completing survey

Middle part: To be filled in by clinician if he/she cannot participate

Bottom part: To be filled in by office staff if clinician is no longer in practice

I have completed and returned the survey in the envelope provided.

Signature

Date

If you are unable to participate in the survey, please complete this postcard and drop in the mail right away.

You are not able to complete the CDC survey because:

- You are retired.
- You practice less than 8 hours per week in outpatient settings.
- At your primary practice site, all of your patients are under 13 years of age.
- Other (please specify): _____

Office Staff: If the clinician is no longer practicing in this office, please complete this postcard and drop it in the mail right away.

Please check appropriate box below:

- Clinician is retired.
- Clinician no longer practices at this office.
- Clinician is deceased.
- Other (please specify): _____



Reminder!

Have you returned your CDC survey?

If you have not yet returned your **Survey of Knowledge, Attitudes and Practice of Medical and Allied Health Professionals Regarding Fetal Alcohol Exposure**, please respond at your earliest convenience. Your response is critical to ensure an appropriate sample of clinicians from across the nation.

If you have already returned the survey, thank you!

If you never received a survey form, if you mis-placed the survey form and require a new copy, or if you have any questions about the study, please call (XXX) XXX-XXXX.